

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-032360

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4541

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1

2 7005

3

4 0

5 1

6

7 1

8 2

9 322.0

10

11

12 92-3

13

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF HIGH SCHOOL MEDICAL CERTIFICATION

FILED SEP 11 1963

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN KANSAS CITY

Length of stay in 1b
D.O.A.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION GENERAL HOSPITAL

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

JACKSON

c. CITY OR TOWN

INDEPENDENCE

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

102 NO. RIVER

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

JAMES

Middle

A. MAYFIELD

Last

4. DATE OF DEATH

Month

Day

Year

August 12, 1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11-10-1919

9. AGE (last birthday)

43

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
STATION MANAGER

10b. KIND OF BUSINESS OR INDUSTRY
HUDSON OIL CO.

11. BIRTHPLACE (City and state or country)
KANSAS

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

JOHN A. MAYFIELD

13b. MOTHER'S MAIDEN NAME

MAUDE M. CLOUD

14. NAME OF HUSBAND OR WIFE

WANDA G. MAYFIELD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
NO NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Wanda G. Mayfield, 102 No. River, Indep MO

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

undetermined Poisoning

DUE TO (b)

fat from chronic

DUE TO (c)

alcoholism

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Not taking pills + 3 1/2 Pt whiskey at 5:00 PM

PART III. If deceased was female was there a pregnancy in last 90 days.

Yes ☐ No ☐ Unknown ☐

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at _____ m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

REMOVAL

8-13-63

WOODLAWN CEMETERY

INDEPENDENCE, MISSOURI

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

GEO. C. CARSON & SONS, INDEPENDENCE, MO.

8-14-63

Keith Long

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

A. Kennel Patterson

Licensed Embalmer No.

4697

P. O. Address

Indy Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.